



ELWOOD FIRE PROTECTION, Inc.

Alarm Systems • Sprinkler Systems • Restaurant Systems
Service Station Systems • Portable Fire Extinguisher Sales & Service
PHONE 716-447-0370 • FAX 716-447-0191 • 291 GROTE STREET • BUFFALO, NEW YORK 14207

BUILDING FIRE ALARM INSTALLATION AND TESTING REPORT

GENERAL INFORMATION

Customer Name US ARMY RESERVE - COLVIN	Insp Date 5/9/2024	Frequency <input checked="" type="checkbox"/> Annual <input type="checkbox"/> Semi-Annual	<input type="checkbox"/> Quarterly <input type="checkbox"/> Monthly	Sequence 1 of 4
Attn. Of: JULIE / TIDEWATER	Contact Phone	Arrived On Site 10:00 AM		TVL Hrs
Address 2393 COLVIN BLVD EXT	Contact Fax	Departed Site 1:00 PM		LBR Hrs
City TONAWANDA	State NY	Zip Code 14150	Contact Email	Completion Date 5/9/2024

CONTROL PANEL INFORMATION

PNL #	Manufacturer NOTIFIER	Model # NFS2	Serial #	Panel Location BOILER ROOM					
AC POWER SOURCE	Circuit Breaker Location ELECTRICAL RM	No.	Dedicated Circuit <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	BATTERY	Qty 4	Make ULTRATECH	Model -	Volt 24	Amp 100
BATTERY TEST	B1 Volt	B1 Amp	B2 Volt	B2 Amp	Charging Volt	MFG Date	Install Date 9/2023	Next Replace Date 9/2028	
PANEL TYPE	<input type="checkbox"/> Zone <input checked="" type="checkbox"/> Addressable	TROUBLE CONDITION	Zone/Cir. Trouble <input checked="" type="checkbox"/> PASS <input type="checkbox"/> Note#	Signal / NAC Trouble <input checked="" type="checkbox"/> PASS <input type="checkbox"/> Note#		AC /OP Power Loss <input checked="" type="checkbox"/> PASS <input type="checkbox"/> Note#		Cust. Initials	
Signals were <input checked="" type="checkbox"/> were not <input type="checkbox"/> Activated at the request of the customer.									NOTICE: Alarm Signaling Devices must be tested annually per NFPA 72

ANNUNCIATOR PANEL INFORMATION

Qty 2	Manufacturer NOTIFIER	Model # NFS2	Serial #	Type <input type="checkbox"/> INCAN <input checked="" type="checkbox"/> LED <input type="checkbox"/> CRT <input type="checkbox"/> GRFX <input type="checkbox"/> LCD <input type="checkbox"/> OTHER					
Auxiliary Functions <input checked="" type="checkbox"/> Lamp Test <input checked="" type="checkbox"/> Remote Test <input checked="" type="checkbox"/> Drill <input checked="" type="checkbox"/> Acknowledge <input checked="" type="checkbox"/> Silence <input checked="" type="checkbox"/> Reset					B1 Volt	B1 Amp	B2 Volt	B2 Amp	P Volt

REMOTE MONITORING INFORMATION

Monitoring Company SIMPLEX/JOHNSON CONTROLS	Account No. UCG020	Phone No.	<input checked="" type="checkbox"/> Central <input type="checkbox"/> City	BOX #	
Line 1 Phone No. DIALER	Line 2 Phone No.	COMM. TEST TEST	Spoke to: MGR CALLED	Trouble Response <input checked="" type="checkbox"/> Pass Time:	Alarm Response <input checked="" type="checkbox"/> Pass Time:

DEVICE INVENTORY AND TEST

	PSD	ISD	FHT	RORHT	TRACE	PSDD	PS	ISDD	BELL	HORN	ST	HST	CHIME	SPKR	S/S	RELAY	DR HLD	RECALL	AFSS
INSTALLED	83		25			2	12					71							
TESTED																			
FAILED																			
CLEANED																			

INSPECTION NOTES AND DEFICIENCIES

CO2 DEVICES

KITCHEN ANSUL TIED TO FACP

CERTIFICATION

NOTICE: To PASS inspection, all panels devices, accessories and wiring shall be FM/UL listed for Fire Protection Service, in accordance with NFPA 72, and NYS Fire Code Section 907.1.3. Keypads and/or annunciators are included in this requirement. All system wiring shall comply with the National Electrical Code (NFPA 70). Thermostat, Security, Communication and other non-listed wiring is prohibited from use in Fire Alarm Systems.

NOTICE: Required Fire Alarm Systems shall be monitored using an on board Fire Alarm Communicator, an External Fire Alarm Communicator, Master Box or Supervised Direct Line. (NFPA 72 section 8.5.3.2.1 and NYS Fire Code section 907.6.6) Connection to a Security Alarm Panel is not an acceptable means of alarm monitoring.

The above listed Fire Alarm System has been tested and inspected in accordance with NFPA 72 and the NYS Fire Code and has been found to be ☒ IN COMPLIANCE ☐ NOT IN COMPLIANCE with stated codes, standards and regulations.

As Inspected by: MALYSA BATTAGLIA

Customer Name: _____

Signature: MALYSA BATTAGLIA

Signature: _____

Lic No. _____

Date: _____

FIRE ALARM SYSTEM INSPECTION CONTINUATION PAGE

PG

2 OF

4

Customer Name					Address					Insp Date				
US ARMY RESERVE - COLVIN					2393 COLVIN BLVD EXT					9-May-24				
GENERAL INFORMATION														
Type	Location	TBL	Alarm	Zone	Address	Type	Location	TBL	Alarm	Zone	Address			
INITIATING DEVICES						NOTIFICATION DEVICES								
PSD	BOILER ROOM				UNK	PS	BOILER RM 107				M001			
PSD	O/S BOILER ROOM				D018	PS	1ST FLR SOUTH EXIT DR				M002			
PSD	O/S ROOM 109				D083	PS	LOBBY				M005			
PSD	IN ROOM 109				D002	PS	LOBBY				M007			
PSD	O/S ROOM 11				D013	PS	1ST FLR NORTH EXIT DR				M009			
PSD	O/S ROOM 113				D010	PS	DRILL HALL LEFT EXIT DR				M021			
PSD	IN ROOM 113				D003	PS	DRILL HALL RIGHT EXIT DR				M027			
PSD	IN ROOM 113				D004	PS	KITCHEN EXIT DR				M028			
PSD	O/S ROOM 114				D006	PS	2ND FLR LOBBY				M023			
PSD	IN ROOM 114				UNK	PS	2ND FLR SOUTH STAIR DR				M024			
PSD	IN ROOM 111				UNK	PS	OMS BLDG WEST EXIT				UNK			
PSD	IN ROOM 112				D009	PS	OMS BLDG EAST EXIT				UNK			
PSD	IN ROOM 112				D011									
PSD	IN ROOM 110				D012	HS	BOILER ROOM				UNK			
PSD	IN ROOM 110				D014	HS	O/S BOILER ROOM				UNK			
PSD	IN ROOM 108				D015	HS	O/S ROOM 109				UNK			
PSD	IN ROOM 108				D017	HS	IN ROOM 109				UNK			
PSD	IN ROOM 108 CLOSET				UNK	HS	O/S ROOM 111 (WOMENS R/R)				UNK			
PSD	MAIN LOBBY				D019	HS	O/S ROOM 113				UNK			
PSD	MAIN LOBBY CENTER				UNK	HS	IN ROOM 113				UNK			
PSD	O/S ROOM 106				D027	HS	O/S ROOM 114				UNK			
PSD	IN ROOM 106				D020	HS	IN ROOM 114				UNK			
PSD	O/S ROOM 105				D082	HS	IN ROOM 115				UNK			
PSD	IN ROOM 105				D021	HS	IN ROOM 112				UNK			
PSD	IN ROOM 103				D022	HS	IN ROOM 110				UNK			
PSD	O/S ROOM 103				D025	HS	IN ROOM 108				UNK			
PSD	IN ROOM 101				D023	HS	MAIN LOBBY				UNK			
PSD	IN ROOM 102				UNK	HS	MAIN ENTRANCE AREA				UNK			
PSD	HALLWAY AT PANEL				UNK	HS	O/S ROOM 106				UNK			
PSD	O/S UTILITY ROOM				D031	HS	IN ROOM 106				UNK			
PSD	IN UTILITY ROOM				D032	HS	O/S ROOM 105				UNK			
PSD	IN SIPR ROOM				UNK	HS	IN ROOM 105				UNK			
PSD	IN ROOM 120				D035	HS	IN ROOM 103				UNK			
PSD	O/S ROOM 120				D036	HS	O/S ROOM 103				UNK			
PSD	ASSEMBLY HALL 1				UNK	HS	IN ROOM 101				UNK			
PSD	ASSEMBLY HALL 2				UNK	HS	IN ROOM 102				UNK			
PSD	ASSEMBLY HALL 3				UNK	HS	UTILITY ROOM				UNK			
PSD	ASSEMBLY HALL 4				UNK	HS	IN ROOM 104				UNK			
PSD	ASSEMBLY HALL 5				UNK	HS	IN ARMS VAULT				UNK			
PSD	ASSEMBLY HALL 6				UNK	HS	IN ROOM 120				UNK			
PSD	ASSEMBLY HALL 7				UNK	HS	HALLWAY AT PANEL				UNK			
PSD	ASSEMBLY HALL 8				UNK	HS	UTILITY ROOM				UNK			
PSD	IN ROOM 118				D033	HS	HALLWAY TO GYM				UNK			

PG 3 OF 4

[illegible]

PG 4 OF 4

[illegible]



Elwood Fire Protection, Inc.

291 Grote Street Buffalo N.Y. 14207
(716) 447-0370 (716) 447-0191 Fax
www.elwoodfire.com

No. 03506

SYSTEM DEFICIENCY REPORT

Customer Name: Army Reserve - PFC Charles Deglopper AFRC Date: 5/9/24 Technician: Malysa B.
Site Address: 2393 Colvin Blvd Contact: _____ Phone: _____
Tonawanda, NY 14150 E-mail Address: _____

Manufacturer of System: Kiddie Type of System: Dry Chem
Model Name: IND-21 Control Head Type: VCH
Previous Service Provider: Elwood Fire Protection
Reason for Deficiency: 12 year Hydro test due

Scope of Work Required: Replace system tank - due for hydrotest.
Reify system upon completion

Parts Needed: _____ Labor Hours needed: ~~1~~ 2
1x IND-21 tank + agent
1x Cartridge # of Techs Needed: 1
Fusible Links
1x Valve rebuild kit

Additional Comments/Special Requests: _____

RED TAGGED (YES or NO)

By What Company: Elwood Fire Protection

Technician Signature: X [Signature]



Elwood Fire Protection, Inc.
291 Grote Street • Buffalo NY 14207
(716) 447-0370 • (716) 447-0191 Fax
www.elwoodfire.com

FIRE EXTINGUISHER WORK ORDER

No. 40067

Customer Name Army Reserve

Date: 5/9/24 10AM-1PM

Location Address 2393 Colvin Blvd Extension

Tonawanda Tonawanda, NY 14150

Contact: _____

Billing Address _____

Phone: _____

Purchase Order # _____

Tech: MB + MC

WEIGHT	NEW FIRE EXTINGUISHERS			RE-CERTIFIED FIRE EXTINGUISHERS			SUB TOTAL
	Part #	Quantity	Price	Part #	Quantity	Price	
2.5 LB	400-2			400-2R			
5 LB	400-5			400-5R			
10 LB	400-10			400-10R			
20 LB	400-20			400-20R			
6 LK	400-150			400-150R			

WEIGHT	Co2 RE-CERTIFIED UNITS			ABC/BC/K RE-CHARGE ONLY			SUB TOTAL
	Part #	Quantity	Price	Part #	Quantity	Price	
5 LB				338-0041A			
10 LB				338-0041B			
15 LB				338-0041C			
20 LB				338-0041D			
				338-0042			

MISC. SERVICE				SUB TOTAL
Part #	Quantity	Price		
	1x Suppression System Insp. (IND-21)	200		200

MISC. PARTS				SUB TOTAL
	Part #	Quantity	Price	
FIRE EXTINGUISHER INSPECTION (0-10 UNITS)	338-0020	25	\$8	200
FIRE EXTINGUISHER INSPECTION 10+ UNITS	338-0021			
3D FIRE EXTINGUISHER SIGN				
MOUNT/INSTALL FIRE EXTINGUISHERS	338-0025			
4x12 VINYL - FIRE EXTINGUISHER SIGN	560-S130A			
WALL BRACKETS	321 GEN			
PROTECTIVE INSPECTION TAG COVER				
TRUCK CHARGE (0 TO 50 MILES)	400-401			
TRUCK CHARGE (51+ MILES)	400-402			
EMERGENCY LIGHT INSPECTION (PUSH BUTTON)				

Customer Signature [Signature] Date 5/9/24

SUB TOTAL: _____

Print Name Trokon 4. Pate

TAX: _____

Technicians Signature [Signature] Date 5/9/24

TOTAL: _____

THIS IS NOT AN INVOICE

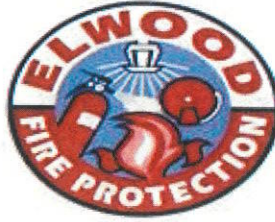
FIRE EXTINGUISHER WORK ORDER

Report on Test and Maintenance
Of Backflow Prevention Device

PART A		Please use a separate form for each device.		For The Year <u>2024</u>	
Public Water Supply <u>Errie co water</u>		Account No.	County <u>Errie</u>	Block	Lot
Facility Name <u>PFC Charles Deglopper AFRC</u>		Location of Device <u>Community Room close-r</u>			
Address <u>2393 colvin Blvd Tonawanda 14150</u>					
Device Information	Manufacturer <u>watts</u>	Type <input checked="" type="checkbox"/> RPZ <input type="checkbox"/> DCV	Model <u>909MIQT</u>	Size (in Inches) <u>2</u>	Serial Number <u>450417</u>
	Check Valve #1	Check Valve #2	Differential Pressure Relief Valve	Line Pressure <u>55</u> psi	
Test Before	Leaked <input type="checkbox"/> Closed Tight <input checked="" type="checkbox"/>	Leaked <input type="checkbox"/> Closed Tight <input checked="" type="checkbox"/>	Opened at <u>2.4</u> psid Leaked <input type="checkbox"/>	Date <u>05</u> <u>09</u> <u>24</u> M D Y	
Repair	Pressure Drop Across first check valve <u>9.8</u> psid	<u>9.2</u> psid			
Describe repairs and materials used				Repaired By Name: _____ Lic #: _____ Date Repaired: _____ M D Y	
Final Test	Closed Tight <input type="checkbox"/> Pressure Drop Across first check valve _____ psid	Closed Tight <input type="checkbox"/>	Opened at _____ psid	Date Repaired: _____ M D Y	
Water Meter Number <u>16356064</u>		Meter Reading <u>749091</u>	Type of Service (Check One) <input type="checkbox"/> Domestic <input type="checkbox"/> Fire <input type="checkbox"/> Other: _____		
Remarks (Describe deficiencies; bypasses, outlets before the device, connections between the device and point of entry, missing or inadequate airgaps, etc.)					
Certification: This device; <input checked="" type="checkbox"/> meets, <input type="checkbox"/> does NOT meet, the requirements of an acceptable containment device at the time of testing I hereby certify the foregoing data to be correct.					
Print Name <u>Brian Penkowski</u>		Certified Tester No. <u>14950</u>	Signature <u>[Signature]</u>	Expiration Date <u>3/31/26</u>	
Property Owner's (or owners agent) certification that test was performed:					
Print Name <u>Trokon Y Pate</u>		Title <u>Training NCO</u>	Signature <u>[Signature]</u>	Telephone _____	
PART B					
Certification that installation is in accordance with the approved plans.					
(To be completed by the design engineer or architect or water supplier)					
I hereby certify that this installation is in accordance with the approved plans.					
Name	Title	Date	NYS DOH Log#		
License Number	Phone				
Representing	Describe minor installation changes				
Address					
City	State	Zip			
Signature					

Elwood Fire Protection

291 GROTE STREET
BUFFALO, NY 14207
www.elwoodfire.com
Phone: 716-447-0370
Fax: 716-447-0191
Prepared by: MALYSA BATTAGLIA



QUOTE

DATE	5/9/2024
QUOTE #	MB-10
CUSTOMER ID	
VALID UNTIL	30 DAYS

CUSTOMER

US ARMY RESERVES - COLVIN
2393 COLVIN BLVD
TONAWANDA, NY 14150

Billing Information

USA041

DESCRIPTION	UNIT PRICE	QTY	TAXED	AMOUNT
FIRE EXTINGUISHER				
10# ABC RECHARGE	\$ 95.00	3	N	285.00
10# CO2 RECHARGE	\$ 200.00	1	N	200.00
SPECIAL HAZARD HYDROSTATIC				
HYDRO OF CYLINDER - MODEL IND-21 (KIDDIE)	\$ 200.00	1	N	200.00
DRY CHEMICAL AGENT (ABC POWDER)	\$ 275.00	1	N	275.00
VALVE REBUILD KIT	\$ 294.00	1	N	294.00
KIDDIE CO2 CARTRIDGE	\$ 132.00	1	N	132.00
SYSTEM INSPECTION	\$ 200.00	1	N	200.00
FUSIBLE LINKS (SUBJECT TO CHANGE)	\$ 20.00	1	N	20.00
LABOR	\$ 250.00	1.5	N	375.00

TERMS AND CONDITIONS

****Excludes permit fees, plans, drawings, construction, repairs for inadequate building utilities or wiring. Also excludes any additional work not specified or required by code enforcement.**

Subtotal	\$ 1,981.00
Taxable	\$ -
Tax rate	
Tax due	\$ -
Other	\$ -
TOTAL	\$ 1,981.00

Customer Acceptance (sign below):

x _____

Print Name:

Thank You For Your Business!

If you have any questions about this price quote, please contact
[Malysa Battaglia, 716-447-0370, malysa@elwoodfire.com]